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Patents

Receipt

In the United States Patent and Trademark Office

U.S. Patent Application Serial No. 09/706,322	
For: PREDICTING SUSCEPTIBILITY TO NEUROLOGICAL DYSFUNCTION BASED ON MEASURED NEURAL ELECTROPHYSIOLOGY	Examiner:
By: PLESS, Benjamin D.	Art Unit: 3737
Filed: November 3, 2000	

**REQUEST FOR CORRECTION OF
FILING RECEIPT**

January 22, 2001

U.S. Patent and Trademark Office
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Washington, D.C. 20231

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Sir:

Upon review of the Filing Receipt (mailed on January 18, 2001) pertaining to the above-referenced patent application, two errors were discovered. A copy of the Filing Receipt, with the errors indicated and corrected in red ink, is enclosed for your reference.

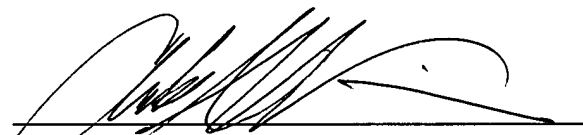
There is only one inventor/applicant, Benjamin D. Pless, who resides in Atherton, California. The inclusion of Clarke A. Wixon is an error. The correct information was given in the Application Data Sheet and the executed Declaration when the application

was filed; the errors may have occurred in data entry or transcription. All other information on the Filing Receipt appears to be correct.

Correction of the error in USPTO records and written confirmation of the correction via issuance of a revised Filing Receipt are respectfully requested. If further information is required, you are invited to contact the undersigned either in writing or via telephone at the number indicated below.

Respectfully Submitted,

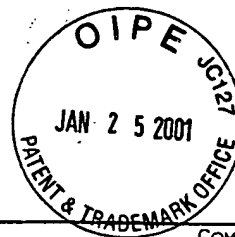
Dated: January 23, 2001


Clarke A. Wixon
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Reg. No. 39,878



UNITED STATES PATENT AND TRADEMARK OFFICE



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/706,322	11/03/2000	3737	445	N11-00	17	30	3

NeuroPace Inc
c/o Clarke A Wixon
255 Santa Ana Court
Sunnyvale, CA 94085

FILING RECEIPT



OC000000005688506

Date Mailed: 01/18/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Atherton
Benjamin D. Pless, Sunnyvale, CA ;
~~Clarke A. Wixon, Sunnyvale, CA ;~~

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 01/18/2001

** SMALL ENTITY **

Title

Predicting susceptibility to neurological dysfunction based on measured neural electrophysiology

Preliminary Class

607

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Data entry by : TYSON, LASHONNAH

Team : OIPE

Date: 01/18/2001





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Bib Data Sheet

SERIAL NUMBER 09/706,322	FILING DATE 11/03/2000 RULE -	CLASS 607	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. N11-00
APPLICANTS Benjamin D. Pless, Atherton, CA ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/18/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 30
			INDEPENDENT CLAIMS 3	
ADDRESS NeuroPace Inc c/o Clarke A Wixon 255 Santa Ana Court Sunnyvale ,CA 94085				
TITLE Predicting susceptibility to neurological dysfunction based on measured neural electrophysiology				
FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit :	